

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICANT : Bassuk et al.
INVENTION: : COMBINED HORIZONTAL AND VERTICAL
CPR DEVICE
SERIAL NUMBER :
FILING DATE : (Filed Herewith)
EXAMINER: :
GROUP ART UNIT :
ATTORNEY DOCKET NO. : 2302.003



INFORMATION DISCLOSURE STATEMENT

Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

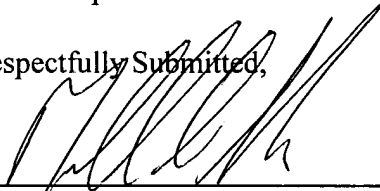
Sir:

Pursuant to the Duty to Disclose under 37 C.F.R. §1.56, the reference cited on the accompanying form PTO-1449 is hereby brought to the attention of the Examiner for independent evaluation. A copy of the reference is enclosed. The reference was cited in the specification and it's relevancy is set forth therein.

Applicants submit that the present invention is patentable over this reference.

Date: 1/16/02

Respectfully Submitted,



Michael A. Slavin
Reg. No. 34,016
McHale & Slavin, P.A.
4440 PGA Boulevard, Suite 402
Palm Beach Gardens, FL 33410
Telephone: (561) 625-6575

Express Mail Label EU001993339US

| | | | | | | | |
|---|--|--|-----------------|-------------------------------------|-------|--|-------------------------------|
| Form PTO-1449 (Rev. 2-88) | | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTY. DOCKET NO. 2302.003 | | APPLICATION NO. | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use several sheets if necessary)</i> | | | | APPLICANT BASSUK et al. | | FILING DATE (Filed Herewith) | |
| | | | | GROUP | | | |
| U.S. PATENT DOCUMENTS | | | | | | | |
| EXAMINER'S INITIAL | | DOCUMENT NUMBER | DATE | NAME | CLASS | SUBCLASS | FILING DATE IF APPROPRIATE |
| | | 6,155,976 | 12/00 | Sackner et al. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | DOCUMENT NUMBER | DATE | COUNTRY | CLASS | SUBCLASS | TRANSLATION |
| | | | | | | | YES NO |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OTHER DOCUMENTS <i>(Including Author, Title, Date, Pertinent Pages, Etc.)</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| EXAMINER | | | DATE CONSIDERED | | | | |
| * EXAMINER: Initial if a citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. | | | | | | | |